

FORM 1
Biosolids Land Application Local Monitoring Expenses
REIMBURSEMENT INVOICE

page 1 of 2

DEQ USE ONLY	
Claim Number:	2014-0031
Evaluator:	MS.
Evaluation Date:	9/19/14

Complete and submit with all required supporting documentation within 30 days of the last day of the month in which the reimbursable activity occurred to:
 Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218.
 Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional details regarding requirements for reimbursement of local monitoring expenses.

I. Claimant Information		
A. Name of Local Government Official: <u>TRACY M Gee</u>	B. County: <u>Lunenburg</u>	
C. Claimant Mailing Address: <u>11413 Courthouse Rd</u>	D. City, State: <u>Lunenburg Va</u>	E. ZIP Code: <u>23952</u>
F. Claimant Telephone No.: <u>(434) 696-2142</u>	G. Claimant Email: <u>Tgee@LunenburgVa.net</u>	
H. Contact Person for Reimbursement: <u>Wade Bartlett</u>	I. Contact Person Telephone No.: <u>(434) 392-7258</u>	J. Contact Person Email: <u>WBartlett@coPrinceEdwardVa.us</u>

II. Monitoring Activity Information	
A. Biosolids land application activity period for this invoice - Beginning Date: <u>9-1-2013</u>	Ending Date: <u>7-31-2014</u>
B. Local Monitoring Activity Dates for this invoice - Beginning Date: <u>7-1-2014</u>	Ending Date: <u>7-31-2014</u>
C. Attach completed Form 1, Page 2: Biosolids Land Application Local Monitoring Activity Details	
D. Attach receipts for any expenses other than local monitor labor and mileage	
E. Is reimbursement sought for expenses that exceed \$2.50 per dry ton of biosolids land applied in the county during the period of time specified in II.A? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, attach documentation of prior approval from DEQ.	

III. Multiple Owner Information (For Local Monitor employed by multiple jurisdictions)	
Are the expenses claimed in this invoice part of a multiple owner payment submission?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, attach Multiple Owner Payment Form 2.	

IV. Statement of Costs	
Total costs claimed for reimbursement in this invoice: \$ <u>407.00</u>	DEQ USE ONLY Adjustments:

V. Local Monitor Certification		
"I certify that the information included in this invoice and any attachments is accurate and complete."		
<u>Manuel H. Tombs Jr</u> Local Monitor (Signature)	<u>MANUEL H Tombs Jr</u> Local Monitor (Printed Name)	<u>8-9-2014</u> Date

VI. County Administrator Certification		
"I certify that the monitoring activities for which reimbursement is sought have been performed in accordance with the provisions of the VPA Permit Regulation (9VAC25-32-10 et seq.) and the Fees for Permits and Certificates' regulation (9VAC25-20-10 et seq.)."		
<u>Tracy M Gee</u> County Administrator (Signature)	<u>Tracy M. Gee</u> County Administrator (Printed Name)	<u>8-13-14</u> Date

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Mileage Rate per mile:	\$0.59
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Maximum Rate is limited to current IRS rate (available at <http://www.irs.gov/Tax-Professionals/Standard-Mileage-Rates>)

Inspection Meeting Sampling Training

Enter data in YELLOW cells
BLUE cells compute automatically

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FORM 2

Biosolids Land Application Local Monitoring Expenses

MULTIPLE OWNERS PAYMENT ASSIGNMENT

Page 1 of 2

An application for reimbursement may be submitted to the Virginia Department of Environmental Quality by several Local Governments that employ the same local monitor entity if this form is included as part of the application. For reimbursement of expenses incurred by a local monitor serving multiple Local Governments, each Local Government (claimant) must sign and submit a separate Form 1, Reimbursement Invoice attesting to the performance of monitoring activity by the local monitor named below and sign and notarize this Multiple Owners Payment Assignment form.

Local Monitor Name: Manuel ToombsLocal Monitor Mailing Address: P O Box 382City: Farmville State: VA Zip: 23901Phone: 434-392-7258 Email: mtoombs@meckcom.netLocal Monitoring Activity - Beginning Date: 7-1-2014 Ending Date: 7-31-2014

County where monitoring activity occurred	Responsible Local Official (printed name)
Buckingham	Rebecca Carter
Charlotte	R. B. Clark
Cumberland	Vivian Seay Giles
Lunenburg	Tracy MGee
Prince Edward	W. W. Bartlett

MONITORING ACTIVITIES CERTIFICATION

I certify that the monitoring activities for which reimbursement is sought have been performed in accordance with the provisions of the VPA Permit Regulation (9VAC25-32-10 et seq.) and the Fees for Permits and Certificates regulation (9VAC25-20-10 et seq.) in the counties listed above."

Manuel H Toombs Jr
Local Monitor Signature

8-9-2014
Date

Biosolids Land Application Local Monitoring Expenses
MULTIPLE OWNERS PAYMENT ASSIGNMENT FORM

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DEQ Use Only

Claimant Invoice Number: 2014-0051 MOP Assignment Number: MOP 2014-07d

This form is for use by claimants who wish to assign their reimbursement payment to another party. A copy of the notarized original of this form must be submitted with reimbursement invoices for which the claimant wishes to assign the payment to another party.

Party Assigning Payment:

County (Claimant): Lunenburg

Name of Local Government Official: Tracy MGee

Total Payment Assigned in this Application: \$ 407.00

Party to Receive Payment:

County (Assignee): Prince Edward County

Name: Donna Nunnally, Treasurer

Address: P. O. Box 522

City: Farmville State: VA Zip: 23901

Contact Name of Assignee: W. W. Bartlett Phone: 434-392-8837

By signing below, I:

1. Assign the invoice reimbursement payment for the above-referenced claim and any reconsideration of that claim to the Assignee designated above.
2. Warrant and represent that I am the claimant, or in claims in which the claimant is not an individual, that I have the authority to assign this payment on behalf of the claimant.
3. Agree that the assignment by this form applies only to the reimbursement claim with which it is submitted and any reconsideration of that claim.
4. Agree that use of this form does not transfer my liability for the submitted invoice.
5. Agree that any check issued as a result of this reimbursement claim will be issued only to the name of the party designated as the assignee on this form.
6. Agree that if the check is issued to the claimant rather than the party designated as assignee on this Assignment Request Form, I bear the responsibility for transferring the payment to the assignee.

Claimant Signature: Tracy MGee Date: 8-13-14

THIS STATEMENT MUST BE NOTARIZED

State of Virginia }
 City/County of Lunenburg } ss:

Subscribed and sworn to before me by Tracy M. Gee on this 13th day of August 2014
 /s/ Brenda Hail Gregorie My commission expires 7-31-18

